

DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE - Credentialing Division P.O. Box 94986, Lincoln, Nebraska 68509-4986 402-471-2117

## ELECTROLOGIST and INSTRUCTOR APPLICATION FOR A LICENSE BY EXAMINATION

Mark the Appropriate Box Below for the Type of License You are Making Application:

☐ Electrologist ☐ Instructor

Print or Type

SECTION A - PERSONAL INFORMATION (All applicants must complete this section) This section is public information and									
will be displayed on the INTERNET (http://www.hhs.state.ne.us/lis/lisindex.htm )									
NAME:		Fi	First			Middle		Last	
ADDRESS:		St	reet/PO/Route						
		Ci	City State			State		Zip	
TELEPHONE (Optional)	#:		· · · · · · · · · · · · · · · · · · ·						
DATE OF BIF	RTH:		5. PLACE OF BIRTH (city/state):						
6. SOCIAL SECURITY #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)									
	VICTIO	NS (		ust com	plete ti	nis section)			
stion	Yes	No	Type of Crime	pe of Crime			Date of Action	Name of Court taking action (City/County/State)	
you ever						<u>,                                      </u>			
			1						
sdemeanor	_	_							
If you answered YES above, you must request the following documents be sent directly to this office:									
, and the second se									
	NAME:  ADDRESS:  TELEPHONE (Optional)  DATE OF BIF  SOCIAL SEC Internet) It is re disclosure of re Service's Healt  TION B - CON Stion  e you ever a convicted of sidemeanor lony? answered YES  Officia A copy If the convicted of the convicted of sidemeanor lony?	NAME:  ADDRESS:  TELEPHONE #: (Optional)  DATE OF BIRTH:  SOCIAL SECURITY: Internet) It is required for disclosure of reportable Service's Healthcare Internet in the service's Healthcare Internet in the service of Section in the s	NAME: Fi  ADDRESS: St  Ci  TELEPHONE #: (Optional)  DATE OF BIRTH:  SOCIAL SECURITY #: (th Internet) It is required for chi disclosure of reportable action Service's Healthcare Integrity  TION B - CONVICTIONS (ASTION STORM	NAME:  ADDRESS:  Street/PO/Route  City  TELEPHONE #: (Optional)  DATE OF BIRTH:  SOCIAL SECURITY #: (this is NOT public in Internet) It is required for child support enforce disclosure of reportable actions to the Federal Service's Healthcare Integrity and Protection D  TION B - CONVICTIONS (All applicants minimum stion Yes No Type of Crime Yes Vou ever a convicted of Sedemeanor Iony?  I answered YES above, you must request the fol Official Court Record, which includes the A copy of the police report (not require If the conviction involved a drug and/or	NAME:  ADDRESS:  Street/PO/Route  City  TELEPHONE #: (Optional)  DATE OF BIRTH:  SOCIAL SECURITY #: (this is NOT public information internet). It is required for child support enforcement pur disclosure of reportable actions to the Federal department Service's Healthcare Integrity and Protection Data Bank  TION B - CONVICTIONS (All applicants must come in convicted of Sedemeanor Index of Sedemeanor Inde	NAME:  ADDRESS:  Street/PO/Route  City  TELEPHONE #: (Optional)  DATE OF BIRTH:  SOCIAL SECURITY #: (this is NOT public information and winternet) It is required for child support enforcement purposes; disclosure of reportable actions to the Federal department of H Service's Healthcare Integrity and Protection Data Bank (HIPD)  TION B - CONVICTIONS (All applicants must complete the stion  Yes  No  Type of Crime  E you ever a convicted of sidemeanor lony?  I answered YES above, you must request the following document of the conviction of the police report (not required to be initially significant to the initially significant to the initially significant to the significant to the initially significant to the conviction involved a drug and/or alcohol related	NAME:    First   Middle	ADDRESS:  Street/PO/Route  City  State  TELEPHONE #: (Optional)  DATE OF BIRTH:  SOCIAL SECURITY #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)  TION B - CONVICTIONS (All applicants must complete this section)  Stion  Yes  No  Type of Crime  Date of Action  Payou ever  Convicted of Sedemeanor  Lony?  Lony:  Official Court Record, which includes charges and sentencing information  A copy of the police report (not required to be initially submitted if conviction was DUI or MI  If the conviction involved a drug and/or alcohol related offense, all addiction/mental health	

SECTION C - LICENSE FEES (See Chart Below)												
<b>ELECTROLOGIST:</b> Determine the month and year in which you are submitting your application. If the month falls in the												
shaded area of the following chart, the fee is \$41.00. If the month falls in the unshaded area, the fee is \$42.00.												
YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	41.00	41.00	41.00	41.00	41.00	41.00	41.00	41.00	41.00	41.00	41.00	41.00
Odd Numbered Year	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00

**INSTRUCTOR:** Fee 40.00

✓ Make payable to: Credentialing Division

SECTION D - EDUCATION (All applicants must complete this section)						
Name of School of Electrology where						
you completed your training:						
✓ Attach a photocopy of the diploma, verifying the completion of the required program of cosmetology or						
electrology instructor training.						

**SECTION E - PHOTOGRAPH** (Applicants must provide a current photograph for the purpose of identification and admission to the examination. Applicants may request to have the photograph returned to them following the examination.)

Attach a current photograph in the space provided to the right, measuring approximately 2" x 3" and signed across the front. The picture must be a frontal view of the applicant's head and shoulders.

Place Photo Here

SECTION F - AFFIDAVIT (All applicants must complete this section of the application before a Notary Public)						
STATE OF) ss						
COUNTY OF)						
Ι,	being duly sworn say that I am the person referred to in this					
application and that the statements herein are true a	nd complete.					
	(Legal Signature of Applicant)					
Sworn before me this day of						
(month)	,					
	(Notary Public)					

www.hhs.state.ne.us/crl/mhcs/cosi/elecinstexam.pdf

SEAL

**SECTION G - CERTIFICATION OF ELECTROLOGY OR ELECTROLOGY INSTRUCTOR TRAINING** (The following information must be completed)

## THIS SECTION MUST BE COMPLETED BY THE SCHOOL ELECTROLOGY

THIS IS TO VERIFY THAT:				
The records of: (Nam	e of Cosmetolog	y School/Apprentice	Training Salon)	
School Address				
		(City and State)		
Indicate that:		(Student's Name)		
List below the hours/o	credits of training	ng earned by the ap	oplicant and the dates of	completion:
Category of Training:				
Hours of Training Earned:			Credits Earned:	
Date Training Completed:			Date of School Diploma or Certificate:	
Date of Practical Examination:			Final Score Received:	
Date student successfully completed a basic first aid course:				
STATE OF	) ) ss )			
Ι,		, being duly sworn s	say that I am the person re	eferred to in this application
and that the statements herein are tru	ie and complete.			
		(\$	Signature of School/Salon	Owner or Manager)
Sworn before me this day of	of(month)	<u>(</u>	year)	
			(Notary F	Public)

SEAL